

## REPORT SPECIFICATIONS SHEET

|   |  |                  |
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| <b>RETURN TO:</b><br>(Address on reverse side of reporting form)<br>U.S. RAILROAD RETIREMENT BOARD<br>844 NORTH RUSH STREET<br>CHICAGO, IL 60611-2092 | <b>IMPORTANT NOTE:</b><br>THIS FORM MUST BE COMPLETED AND ENCLOSED WITH <b>EACH</b> REPORT SUBMITTED. BE SURE TO COMPLETE THE RECAPITULATION SHEET ON THE REVERSE SIDE OF THIS FORM IF SUBMITTING FORMS BA-3A, BA-4, OR BA-10. |                  |
| DATE REPORT BEING SUBMITTED   | EMPLOYER NUMBER (BA NUMBER)  |                  |
| CORPORATE NAME AND ADDRESS OF EMPLOYER  | PERSON TO CONTACT REGARDING THIS REPORT  |                  |
|   | TITLE  |                  |
| OTHER EMPLOYER NAME(S), IF ANY  | TELEPHONE NUMBER   | FACSIMILE NUMBER |

☐ I AM NOT SUBMITTING A REPORT BECAUSE MY COMPANY HAS NO EMPLOYEES → (Go on to Certification Statement at bottom)

|   |   |
|---|---|
| <p style="text-align: center;"><b>TYPE OF REPORT</b><br/>(Check only one)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> ANNUAL REPORT (FORM BA-3a)<br/> <input type="checkbox"/> Form BA-6a not submitted because no new hires         </div> <div style="width: 50%;"> <input type="checkbox"/> ADDRESS REPORT (FORM BA-6a)         </div> <div style="width: 50%;"> <input type="checkbox"/> ANNUAL REPORT WITH MISCELLANEOUS COMPENSATION (Magnetic Tape in BA-3d Format)         </div> <div style="width: 50%;"> <input type="checkbox"/> SEPARATION ALLOWANCE/SEVERANCE PAY REPORT (FORM BA-9)         </div> <div style="width: 50%;"> <input type="checkbox"/> MISCELLANEOUS COMPENSATION REPORT (FORM BA-10)         </div> <div style="width: 50%;"> <input type="checkbox"/> ADJUSTMENT REPORT (FORM BA-4)         </div> <div style="width: 50%;"> <input type="checkbox"/> GROSS EARNINGS REPORT (FORM BA-11)         </div> </div> | <p style="text-align: center;"><b>REPORT MEDIA</b><br/>(Check only one)</p> <input type="checkbox"/> PAPER<br><input type="checkbox"/> DISKETTE<br><input type="checkbox"/> 3½<br><input type="checkbox"/> 5¼<br><input type="checkbox"/> MAGNETIC TAPE/CARTRIDGE<br>Also complete items (a)-(f) below. |
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### MAGNETIC TAPE AND CARTRIDGE REPORTS ONLY (Items (a) through (f) must be completed)

| (a) Tape or Cartridge Labels   | (b) Tape Density (Tape Only)   | (c) Type of Tape or Cartridge   | (d) Blocking Factor  | (e) Reel Numbers             | FOR RRB USE<br>RRB-Reels |
|--|--|---|--|------------------------------|--------------------------|
| <input type="checkbox"/> Standard IBM Labels<br><input type="checkbox"/> No Labels<br><input type="checkbox"/> Non-standard Header and Trailer Labels<br><input type="checkbox"/> Leading Tape Mark Only | <input type="checkbox"/> 6250 BPI<br><input type="checkbox"/> 1600 BPI   | <input type="checkbox"/> 3480 type cartridge<br><input type="checkbox"/> 3490 type cartridge<br><input type="checkbox"/> 9 Track Tape | Record format must be fixed blocked. Record size must be consistent with type of report indicated above.<br>How Many Characters Per Block?<br><div style="border: 1px solid black; height: 30px; width: 100px; margin-top: 10px;"></div> |                              |                          |
|  |  |   |  |                              |                          |
|  |  |   |  |                              |                          |
|  |  |   |  |                              |                          |
| (f) Data Set Name (DSN):   | FORMS BA-3A, BA-4, BA-9, BA-10 AND BA-11 MUST BE IN 80 CHARACTER FORMAT. THE BA-3D AND FORM BA-6A MUST BE IN 120 CHARACTER FORMAT. |   |  | DATE RECEIVED IN OP-A&T-ESTC |                          |

ENTER EMPLOYER NUMBERS OF ALL SUBSIDIARY UNITS INCLUDED IN THE REPORT. ATTACH ADDITIONAL SHEET IF NECESSARY.

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| CERTIFICATION STATEMENT   |         |
|---|---------|
| I UNDERSTAND THAT CIVIL AND CRIMINAL PENALTIES CAN BE IMPOSED AGAINST ME FOR FALSE OR FRAUDULENT STATEMENTS OR FOR WITHHOLDING INFORMATION TO MISREPRESENT A FACT MATERIAL TO DETERMINING A RIGHT TO PAYMENT UNDER THE RAILROAD RETIREMENT ACT. I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION WHICH I HAVE GIVEN IS TRUE, COMPLETE, AND CORRECT. |         |
| SIGNATURE OF CERTIFYING OFFICER/DATE  | REMARKS |

## RECAPITULATION SHEET

***(IF MORE THAN 15 PAGES PER REPORT, PHOTOCOPY THIS PAGE BEFORE USING.)***

**INSTRUCTIONS**--1. Check only one box per report. 2. Page # - Enter the page number of the report you are recapping. A maximum of 15 pages of that report can be recapped on a single recapitulation sheet. 3. Record Count - Enter the total number of lines used on each page of the form you are recapping. 4. Compensation Totals - Enter the compensation totals that are at the bottom of the form you are recapping. If sick pay, check the sick pay box, etc. 5. Record Totals - Enter the total of all counts entered under Item 3., then show the totals of each column for the rest of the line. 6. Grand Totals - If more than one page is needed to do your recapitulation, fill in the Grand Totals on the last page of the report.

1. Check Only One Box ☐ Form BA-3a (Use Increase columns only) ☐ Form BA-4 ☐ Form BA-10 (Use Tier I columns to report Sick Pay or Miscellaneous Compensation)

[illegible]